



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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CURRENT CORRESPONDENCE ADDRESS (Over: Use Block 1 for any change of address)

32842 7590 07/06/2004  
**THE LAW OFFICE OF JILL L. WOODBURN, L.L.C.**  
 JILL L. WOODBURN  
 128 SHORE DR.  
 OGDEN DUNES, IN 46368  
 10/06/2004 JADDO2 00000040 022958 09942515

01 FC:1501 1370.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 APPLICATION 00000040 DA

|            | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|------------|-------------|----------------------|---------------------|------------------|
| 09/942,515 | 08/29/2001  | Raghbir S. Bhullar   | RDID MOTORUS        | 8155             |

TITLE OF INVENTION: BIOSENSOR

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificates of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                  |                   |
|------------------|-------------------|
| JILL L. WOODBURN | (Deponent's name) |
| Jill L. Woodburn | (Signature)       |
| 10-6-2004        | (Date)            |

| APPLN. TYPE                                                                                                                                                              | SMALL ENTITY                                                                                                                                                                                     | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|------------------|------------|--|--|
| nonprovisional                                                                                                                                                           | NO                                                                                                                                                                                               | \$1330    | \$300           | \$1630           | 10/06/2004 |  |  |
| EXAMINER                                                                                                                                                                 |                                                                                                                                                                                                  | ART UNIT  | CLASS-SUBCLASS  |                  |            |  |  |
| OLSEN, KAJ K                                                                                                                                                             |                                                                                                                                                                                                  | 1753      | 204-401010      |                  |            |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).                                                                                       | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,                                                                 |           |                 |                  |            |  |  |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |           |                 |                  |            |  |  |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. | JILL L. WOODBURN                                                                                                                                                                                 |           |                 |                  |            |  |  |

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLBASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

ROCHE DIAGNOSTICS CORPORATION INDIANAPOLIS, IN

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-0758 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

*Jill L. Woodburn*  
 (Date)  
 10-6-2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# Fax

|               |                                                 |               |                 |
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| <b>Fax:</b>   | 703-746-4000                                    | <b>Pages:</b> | 3               |
| <b>Phone:</b> |                                                 | <b>Date:</b>  | October 6, 2004 |
| <b>Re:</b>    | 09/942,515                                      | <b>CC:</b>    |                 |

Applicants: Bhullar et al.  
Serial No.: 09/942,515  
Filed: August 29, 2001  
Entitled: BIOSENSOR WITH CODE PATTERN  
Ref. No.: RDID 00108 US  
Examiner: Olsen, Kaj K  
Group: 1753

Attachments:

- Transmittal Form (1pp)(in duplicate)
- Fax Cover Sheet (1pp)

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